



## PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

FY 2006

Docket Number B03-25

(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)

Application Number 10/797,796

Filed March 10, 2004

For MOLD FOR A GOLF BALL

Art Unit 3711

Examiner GORDON, RAEANN

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

- |   |         |               |
|---|---------|---------------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120   | \$ <u>120</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))           | \$450   | \$ _____      |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))         | \$1,020 | \$ _____      |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))          | \$1,590 | \$ _____      |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))          | \$2,160 | \$ _____      |

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 502309. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 38,400

☐ attorney or agent under 37 CFR 1.34(a). Registration number \_\_\_\_\_

Signature

Oct 4, 2006

Date

D. Michael Burns

Typed or printed name

508-979-3563

Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

10/06/2006 AWONDAF1 00000070 502309 10797796

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